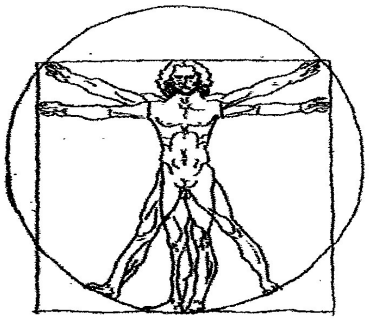
Danielle D Thomas
Massage Therapist
304-748-7134 or 412-519-4566



CLIENT INTAKE FORM

First, Middle, Last Name:_____ **Home Phone**:_____

Address:_____ **Cell Phone:**_____

City/Zip_____ **Date of Birth**:_____ **Age**_____

Referred by:_____ **Marital Status**_____

Employer:_____ **Employers Phone:** _____

Employer Address_____ **Occupation:**_____

Health Insurance :_____ **Primary Physician**:_____

Health Ins. Number:_____ **Group Num.**:_____

Social Security Number _____ _____ _____

Emergency Contact and Phone Number_____

Health/Medical History:

Are you seeing a health care professional? Yes/No-List reason _____

Are you taking prescribe medications and/or Over the counter, vitamins? Yes/No-List _____

_____

_____

Any Known Allergies? Yes/No-List _____

Are you experiencing, or have you been diagnosis for any of the following:

_____Cancer	_____Depression/Anxiety	_____Anemia's/Blood Disorder	____Warts/Skin Conditons
_____Cold/Flu	_____Varicose Veins	_____Pregnancy	_____Digestive Disorders
_____Nerve/Neuritis Disorders	_____Aneurysm	_____Arthritis/Tendonitis	_____Headaches
_____Seizure Disorders	_____Cut/Bruises	_____Blood Clots/Phlebitis	_____Chronic Respiratory
_____Strokes/TIA	_____Heart Diseases	_____New Tattoos/Pierce	___Contagious Conditons
_____Osteoporosis	_____Asthma	_____Disc Disorders	____Diabetes/Low/High Sugar
____Muscular/Skelatal Disorder	____High/Low Blood Pressure		

Any pain, numbness, or tingling anywhere or other diseases or disorders not listed?_____

_____

MT use only:_____

_____

_____

Danielle D Thomas LMT

Have you ever had any of the following? (Use back of page if needed.)

HOSPITALIZED and/or SURGERIES
ACCIDENTS and/or INJURIES
BROKEN and/or DISLOCATED BONES? _____

_____
_____
_____
_____
_____
_____
_____
_____

What hobbies, activities, or recreation do you participate in?_____
_____

Have you received massage before and when your last massage was?_____

What are your expectations of this massage?_____

_____ Check if you want to OPT-OUT of my discount coupons or any type of mailings from me. I do not give out addresses.

PLEASE READ AND SIGN:

Massage is provided for the basic purpose of relaxation, stress reduction, and relief of muscular tension. Massage services are designed to be a health aid and in no way are meant to take the place of a physician's care or orders. All information exchanged and given at intake and the massage are kept confidential.

Because massage should not be preformed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly and I understand that it is my responsibility to keep the massage therapist updated as to any changes in my medical profile.

I also understand that:

- Any illicit or sexually suggestive remarks or advances made by you will result in immediate termination of the session and will be held liable for complete payment of scheduled appointment.
- Payment is due when services are rendered unless other arrangements have been made prior to your appointment. Cash or checks accepted. (Returned Checks will be charged a $100.00 processing fee and court fees).
- I will give 24-hour notice if I cannot keep an appointment and if 24-hour notice is not given I will be held liable for full payment of scheduled appointment.
- **Client is responsible for full payment if insurance does not pay for treatment. Arrangements with insurance must be made prior to appointment.**

SIGNATURE:_____ DATE:_____